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It's Time to Teach Back:
An Inter-professional Approach to Enhance Learning and Reduce Neuroscience Readmissions

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Abstract

Do you remember the alphabet song from childhood? Why do you remember that when you can not remember important facts? Studies show we remember 10% of what we read, 20% of what we hear, and 90% of what we do and say. The 'Teach Back' concept (do and say) to educate patients has proven effective to enhance learning and reduce readmissions. Teach Back was implemented within an academic, community Magnet™ hospital and subsequently identified by The Advisory Board Company as a "Mega-Practice." Nurses teach patients small components of necessary information and then ask them to Teach Back what they learned. New information is not introduced until patients are able to Teach Back prior information. This presentation discusses impact of teaching on the hospitalized patient and details Teach Back strategies and outcomes. Learners may adapt Teach Back concepts in their own neuroscience nursing practice.

Objectives

- Outline the steps of Teach Back as an effective educational tool designed to enhance learning and reduce readmissions in the neuroscience patient and family population.
- Discuss the steps taken by staff within a Magnet™ hospital to hard-wire the practice of Teach Back within the neuroscience setting, and the associated strategies to successfully address encountered challenges.
- Review outcome data related to the use of Teach Back in the neuroscience patient and family population.

Background

According to the Institute for Healthcare Improvement (IHI), one of the typical failures in health care education is the failure to ask clarifying questions related to the key learner's ability to understand and act on healthcare information. Failing to identify the key learner and cramming patient and family education into brief sessions at the time of discharge negatively impacts the safety and quality of patient outcomes.

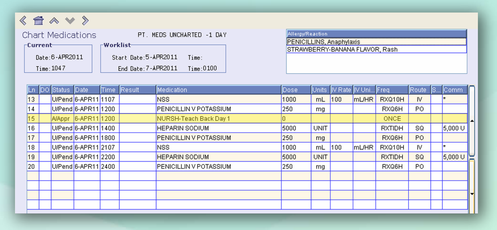
What is Teach Back?

- Teach Back is an effective communication strategy used to evaluate learning.
- Teach Back strategies assess the key learner's knowledge, attitude, and the likelihood that behavioral changes may occur after discharge.
- Teach Back strategies place the burden of learning on the health care professional and not on the key learner.
  - "So that I know I did a good job teaching you, I will ask you a few questions."
  - "If you were talking to your neighbor this afternoon, what would you tell him we talked about today?"
  - "To make sure I covered all the key points on how to give an injection, I will ask you to show me the steps you will take when you give yourself your injection at home."

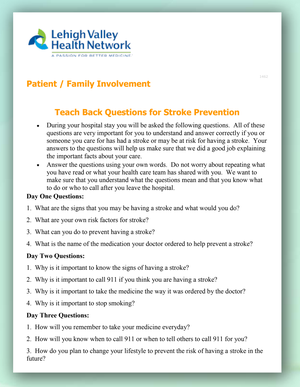
Methods

- Conducted small tests of change on pilot units using bedside PDSA cycles and LEAN methodologies.
- Created a standard work process using Teach Back strategies to provide more effective education encounters.
- Created and implemented network wide education for all health care professionals responsible for providing education to patients and families.
  - eLearning training
  - Instructor led "Train the Trainer" workshops
  - Performance validation of Teach Back standard work
- Closely reviewed metrics related to documentation compliance of learner outcomes and hospital readmission rates.

Hardwired Process on Electronic Medication Administration Record



Teach Back Reference



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Patient / Family Involvement

Teach Back Questions for Stroke Prevention

- During your hospital stay you will be asked the following questions. All of these questions are very important for you to understand and answer correctly if you or someone you care for has had a stroke or may be at risk for having a stroke. Your answers to the questions will help us make sure that we did a good job explaining the important facts about your care.
- Answer the questions using your own words. Do not worry about repeating what you have read or what your health care team has shared with you. We want to make sure that you understand what the questions mean and that you know what to do or who to call after you leave the hospital.

Day One Questions:

1. What are the signs that you may be having a stroke and what would you do?
2. What are your own risk factors for stroke?
3. What can you do to prevent having a stroke?
4. What is the name of the medication your doctor ordered to help prevent a stroke?

Day Two Questions:

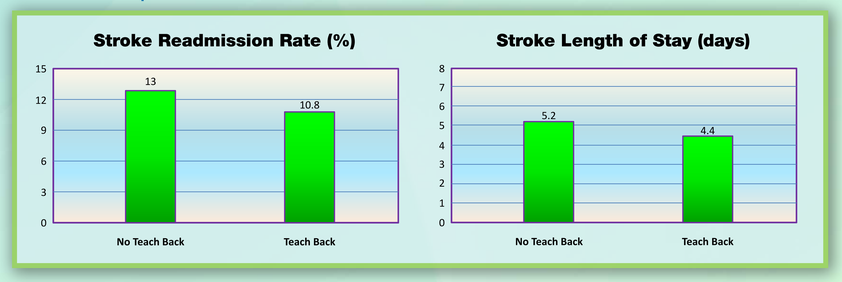
1. Why is it important to know the signs of having a stroke?
2. Why is it important to call 911 if you think you are having a stroke?
3. Why is it important to take the medicine the way it was ordered by the doctor?
4. Why is it important to stop smoking?

Day Three Questions:

1. How will you remember to take your medicine everyday?
2. How will you know when to call 911 or when to tell others to call 911 for you?
3. How do you plan to change your lifestyle to prevent the risk of having a stroke in the future?

Results

- July 1, 2011 to June 30, 2012
- n = 1337 stroke cases
  - 1203 patients received Teach Back
  - 134 patients did not receive Teach Back



Practice Implications

- Designing and implementing a comprehensive educational curriculum for clinical staff aimed at using Teach Back as a method to evaluate individual learning outcomes may impact patient and family satisfaction, improve hand over communication between disciplines and has the potential to decrease readmissions and the average length of stay in the hospital setting.
- Teach Back is a general concept that can be applied to multiple disease states.

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